

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 27, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000157	Date of Injury:	09/04/2007
Claim Number:	[REDACTED]	Application Received:	02/02/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/03/2015 – 06/03/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96101 x 6		

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

Paul Manchester, M.D., M.P.H.
Medical Director

Cc: [REDACTED]
[REDACTED]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- OMFS

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider seeking remuneration for 96101, Psychological Testing submitted for date of service 06/03/2015.**
- Initial and Subsequent EOR's indicate the Claims Administrator denied services with the following rationale: "We cannot review this service without the necessary documentation. Please resubmit with the indicated documentation as soon as possible."
- AMA CPT Code Description: 96101 Psychological testing (includes psychodiagnostic
- assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), **per hour** of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
- Report entitled "Psychologis SCS Clearance Assessment," reviewed for 96101. Under the heading "Psychological Screening," the following questionnaires were filled out by the Injured Worker:
 - PSC
 - LBP Index
 - Brief Pain Inventory
 - PHQ-9
 - GAD-7
 - Opioid Risk
- The aforementioned questionnaires were reviewed and appear to be related to health screening which is included in the value of the Evaluation and Management code submitted for 06/03/2015. Additionally, CPT 96101 is a time-based code.
- **Time based codes require the reporting of time.** The CMS 1500 form indicates "6" units, which, based on the time component for 96101, would equate to 6 hours of Face-to-Face testing and the interpretation of the testing performed. The Reported Evaluation and Management services, 99215, has a time component of 40 minutes. The total reported time for date of service 06/03/2015 equates to 6 hours and 40 minutes; submitted reports do not indicate the duration of time spent on either the E&M or the assessments.
- The documentation of time spent in relation to reported service 96101 was not documented on the questionnaires or the short interpretation that is included in the body of the Evaluation and Management documentation.
- **Based on the documentation submitted, additional reimbursement for 96101 – 59 x 6 Units is not indicated.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96101 -59 x 6

Date of Service: 06/30/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
96101	\$972.00	\$0.00	\$540.78	6	\$0.00	Refer to Analysis

[REDACTED]

[REDACTED]